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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 136400002		CITY OR TOWN	WEST BO	YLSTON
APPLICATIO	N FOR RENEWAL:	ENEWAL: Annual LICENSED FOR 201		013	
		CLASS			YEAR
LICENSEE NA	AME: HAROLD N. KE	ITH POST AM.LEG.	POST #204 INC.		
DOING BUSI	NESS A				
ADDRESS 15	9 HARTWELL ST.				
CITY/TOWN:	WEST BOYLSTON	STATE: MA	ZIP CODE:	01583	
MANAGER:	MICHAEL D. T'MOORE	YPE OF LICENSE: C	ub C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	N OF LICENSED PREM				
HALL ON FIR	RST FLOOR, CELLAR U	ISED AS MEMBERS	LOUNGE.		
I hereby certify	y and swear under penalti	es of perjury that:			
1. the	renewed license will be o	of the same type for the	e same premises nov	v licensed;	
2. the	licensee has complied wi	th all laws of the Com	monwealth relating	to taxes; and	
3. the	premises are now open for	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
We the under	rsigned, attest that we a	re in nossession (1) tl	ne certificate requir	ed by Chant	er 304 of the
	signed by the building i				
license and (2	2) the certificate of liquo	r liability insurance	required by Chapto	er 116 of the	Acts of 2010.
Please Check Belo	ow:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136400004	Cľ	TY OR TOWN WEST BOYLSTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: WACHUSETT IN	IC.		
DOING BUSINESS A WACHUSETT O	COUNTRY CLUB		
ADDRESS 187 PROSPECT ST.			
CITY/TOWN: WEST BOYLSTON	STATE: MA	ZIP CODE: 01583	
MANAGER: MARRONE, TY DONALD J. JR	PE OF LICENSE: Restau	cant CATEGORY: All Alco	hol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMI	ISES:		
THREE FLOORS-CELLAR FOR STOC ROOMS,3RD FLOOR THREE ROOMS OUTSIDE DECK WITH RESTRICTION	S STAND 15TH GREEN		
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	f the same type for the sam	ne premises now licensed;	
2. the licensee has complied with		<u> </u>	
3. the premises are now open for	r business (If not explain b	pelow)	
SIGNED BY: Individual, Partne	r or Authorized Corporate	Officer	
	r or Authorized Corporate	Officer	
Individual, Partne	r or Authorized Corporate	Officer	
Individual, Partne	r or Authorized Corporate	EMPLOYER IDENTIFICATION NUME (Note: NOT Individual Social Security Num	
Individual, Partne	NE NUMBER: e in possession (1) the ce	EMPLOYER IDENTIFICATION NUME (Note: NOT Individual Social Security Numertificate required by Chapter 304 of the fire department for the above na	ber) the med
Individual, Partne  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	NE NUMBER: e in possession (1) the ce espector and the head of hiability insurance requ	EMPLOYER IDENTIFICATION NUME (Note: NOT Individual Social Security Numertificate required by Chapter 304 of the fire department for the above na	ber) the med
Individual, Partne  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below:  APPROVED:	NE NUMBER: e in possession (1) the censpector and the head of the	EMPLOYER IDENTIFICATION NUME (Note: NOT Individual Social Security Numertificate required by Chapter 304 of the fire department for the above naired by Chapter 116 of the Acts of 20	ber) the med
Individual, Partne  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor  Please Check Below:  APPROVED:  DISAPPROVED:	NE NUMBER: e in possession (1) the censpector and the head of the	EMPLOYER IDENTIFICATION NUME (Note: NOT Individual Social Security Numertificate required by Chapter 304 of the fire department for the above naired by Chapter 116 of the Acts of 20 OCAL LICENSING AUTHORITY	ber) the med
Individual, Partne  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below:  APPROVED:	NE NUMBER: e in possession (1) the censpector and the head of the	EMPLOYER IDENTIFICATION NUME (Note: NOT Individual Social Security Numertificate required by Chapter 304 of the fire department for the above naired by Chapter 116 of the Acts of 20 OCAL LICENSING AUTHORITY	ber) the med
Individual, Partne  DATE: TELEPHON  We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor  Please Check Below:  APPROVED:  DISAPPROVED:	NE NUMBER: e in possession (1) the censpector and the head of the	EMPLOYER IDENTIFICATION NUME (Note: NOT Individual Social Security Numertificate required by Chapter 304 of the fire department for the above naired by Chapter 116 of the Acts of 20 OCAL LICENSING AUTHORITY	ber) the med



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 136400006		CITY OR TOW	N WEST BO	YLSTON
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: FYNDERS, I	NC.			
DOING BUSINESS	S A				
ADDRESS 171 WI	EST BOYLSTO	N ST			
CITY/TOWN: WI	EST BOYLSTO	N STATE: M	A ZIP CODE:	01583	
MANAGER: MC KA	CORMICK, THLEEN A.	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	<b>5:</b>				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	REMISES:			
FOR SERVICE OF	FFOOD, BEVER CILITIES,STOR	APPROX 4550 SQ.FT. RAGES(ALCOHOLIC) AGE AREAS & ACCE EL.	& ADDIT- IONAL A	REAS COMP	RISING
I hereby certify and	swear under per	nalties of perjury that:			
1. the rene	wed license will	be of the same type for	the same premises no	w licensed;	
2. the licen	see has complied	d with all laws of the Co	mmonwealth relating	g to taxes; and	
3. the prem	nises are now ope	en for business (If not ex	xplain below)		
SIGNED BY:	Individual, P	artner or Authorized Co	orporate Officer		
	,				
DATE:	TFI FI	PHONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELI	HONE WOMBER.	(Note: NOT)	Individual Social S	Security Number)
Acts of 2004, sign	ed by the buildi	ve are in possession (1) ng inspector and the h quor liability insuranc	ead of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:	]		By:		
DISAPPROVED:					
(If disapproved exp	iain)				
DATE:					
•					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	36400008		CITY OR TOWN	WEST BO	YLSTON
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S'	TEVEN PASKALIS				
DOING BUSINESS A	STEVE'S PIZZARIA				
ADDRESS 341 WEST	BOYLSTON ST				
CITY/TOWN: WEST	BOYLSTON	STATE: MA	ZIP CODE:	01583	
MANAGER:	ТҮРЕ О	F LICENSE: Re	estaurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF LIC					
ONE STORY BUILDIN			ROOM BACK ROOM	A FOR STO	RAGE.
I hereby certify and swea					
	license will be of the s	* -	•		
	nas complied with all l		_	o taxes; and	
3. the premises	are now open for busi	ness (If not exp	lain below)		
SIGNED BY:	ndividual, Partner or A	Authorized Corn	orate Officer		
	idividual, I urtilor of I	idilionized Corp	orate officer		
DATE:	TEL EDITORE V	III (DED	EMDI OVE	DENTIECAT	TION NUMBER:
DITIE.	TELEPHONE N	UMBER:	(Note: NOT Ind		
					,
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building inspec	tor and the hea	d of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		-
DISAPPROVED:					
(If disapproved explain)					<del></del> -
DATE:			-		
DAIE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	30400011		CITY OR TOWN	WEST BU	ILSTON
APPLICATION FOR I	RENEWAL:	Annual	LICENS	ED FOR 20	013
		CLASS			YEAR
EMAIL ADDRESS:  PL  DESCRIPTION OF LI  ONE STORY BUILDI	YLSTON ST BOYLSTON A, LISA M.J. TYPE EASE ALSO VISIT OUR WEBSI CENSED PREMISES NG-THREE ROOMS	STATE: MA OF LICENSE: Pac ITE AND ENTER YOUR ET S: S AND A CELLAI	MAIL ADDRESS	01583 TEGORY:	All Alcohol
I hereby certify and swe	ear under penalties of	perjury that:			
2. the licensee	license will be of the has complied with all s are now open for bu	l laws of the Comr	monwealth relating to		
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indiv		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENSI By:	NG AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136400013		CITY OR TOWN	WEST BO	YLSTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CHEOY LEE'S GA	LLEY II			
DOING BUSINESS A				
ADDRESS RT 12 STERLING ST.				
CITY/TOWN: WEST BOYLSTON	STATE: MA	ZIP CODE:	01583	
MANAGER: YANG, QIOA QIN TYP	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS TWO LEVEL REST. WITH KITCHEN, I DINING ROOM ON SECOND LEVEL.	ES:		D LOUNGE	,
1. the renewed license will be of t     2. the licensee has complied with     3. the premises are now open for l	he same type for the all laws of the Comn	nonwealth relating to		
SIGNED BY: Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor l	pector and the head	of the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 136400017		CITY OR TOWN	WEST BOY	LSTON
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 201	13
		CLASS		•	YEAR
LICENSEE NAM	E: KITSTA CORPORA	ATION			
DOING BUSINES	SS A THE MANOR RE	STAURANT & L	OUNGE		
ADDRESS 42 WI	EST BOYLSTON STRE	ET			
CITY/TOWN: W	EST BOYLSTON	STATE: MA	ZIP CODE:	01583	
	OTIADIS, TYPI NTONIOS	E OF LICENSE:R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION C	OF LICENSED PREMISI	ES:			
THE FIRST FLOO	ON FIRST FLOOR. COC OR AND CELLAR FOR S A BANQUET FACILI	STORAGE. OUT	ΓSIDE LOUNGE AF		
I hereby certify an	d swear under penalties of	of perjury that:			
1. the ren	ewed license will be of the	ne same type for th	e same premises now	v licensed;	
2. the lice	ensee has complied with a	all laws of the Con	nmonwealth relating	to taxes; and	
3. the pre	mises are now open for b	ousiness (If not exp	olain below)		
SIGNED BY:	Individual, Partner o	or Authorized Cor	orate Officer		
	morvidual, 1 araior	or r <b>ru</b> moriz <b>eu</b> eor	Soruce Officer		
DATE:	TELEPHONE	E NILIMDED.	EMPLOYE	R IDENTIFICATI	ON NUMBER:
	TELEFTIONE	E NOMBER.		dividual Social Se	
***	1	• 4		11 61 4	204 64
	ned, attest that we are i ned by the building insp				
	ne certificate of liquor li		_		
Please Check Below:			LOCAL LICEN	SING AUTHO	RITY
APPROVED:	]		By:		
DISAPPROVED:					
(If disapproved ex	piain)				
			-		
DATE:			-		



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 136400018		CITY OR TOWN	WEST BO	YLSTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	: WEBO SEAFOO	DD, INC.			
DOING BUSINESS	S A WEST BOYLS	STON SEAFOOD			
ADDRESS 321 WE	EST BOYLSTON S	TREET			
CITY/TOWN: WI	EST BOYLSTON	STATE: N	IA ZIP CODE:	01583	
MANAGER: WY	TKA, JOHN T	YPE OF LICENSE	:Restaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
	T SIDES OF THE	BUILDING AND I	ISH MKT/ CUSTOMER OADING DOCK AND		
I hereby certify and	swear under penalt	ies of perjury that:			
1. the renev	wed license will be	of the same type for	the same premises now	licensed;	
			ommonwealth relating to	taxes; and	
3. the prem	ises are now open f	or business (If not e	explain below)		
SIGNED BY:	Individual Dorte	ner or Authorized C	ormarata Officer		
	marviduai, Faru	iei of Authorized C	orporate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed by the building	inspector and the	) the certificate require head of the fire departs ce required by Chapte	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If diconnected com	loin)				
(If disapproved exp	lain)				
(If disapproved exp	lain)				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 136400019		CITY	OR TOWN	I WEST BO	YLSTON
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS	5			YEAR
LICENSEE NAME:	PINECROFT, INC					
DOING BUSINESS	A PINECROFT RE	STAURANT				
ADDRESS 539 PRO	SPECT ST					
CITY/TOWN: WES	T BOYLSTON	STATE:	MA ZI	P CODE:	01583	
MANAGER: PEAF	RSON, ERIC TY	PE OF LICENSI	E:Restaurant		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADD	RESS		_
DESCRIPTION OF I						
ONE LARGE DININ & ONE EMPLOYEE						
	ee has complied with ses are now open for Individual, Partner	business (If not	explain belo	ow)		
DATE:	TELEPHON	IE NUMBER:	(		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the	head of the	fire depar	tment for the	above named
Please Check Below:			LOC	CAL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: Lagrangian (If disapproved explain)	in)					
(11 disapproved expid	<del></del> /					
DATE:						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 136400021		CITY OR TOWN WEST B	OYLSTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: KEEPERS, INC			
DOING BUSI	NESS A			
ADDRESS 17	5 WEST BOYLSTON S	TREET		
CITY/TOWN:	WEST BOYLSTON	STATE: MA	ZIP CODE: 01583	
MANAGER:	MC CORMICK, T KEVIN	YPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
BAR STORAG	GE, KITCHEN, HANDI	CAPPED ACCESSIBLE	PROX. 3, 515 SQ. FT. FOR DIE BATHROOMS. ENTRANCED SMOKING DECK ON THE	E ON THE
I hereby certify	y and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now licensed;	
2. the	licensee has complied w	ith all laws of the Comm	nonwealth relating to taxes; and	1
3. the	premises are now open f	or business (If not expla	in below)	
SIGNED BY:		ner or Authorized Corpo	rate Officer	
	marviduai, i ara	ier of Authorized Corpo.	ruic Officer	
DATE:	TELEDIA	NIE NIIMDED.	EMPLOYER IDENTIFIC	ATION NUMBER:
211121	TELEPHO	ONE NUMBER:	(Note: NOT Individual Socia	
Acts of 2004,	signed by the building	inspector and the head	certificate required by Chap of the fire department for the equired by Chapter 116 of th	e above named
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			Ву:	
DISAPPROVI				
(If disapproved	a explain)			
DATE:				
D.1111.				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136	400022		CITY OR TOW	N WEST BO	YLSTON
APPLICATION FOR RE	NEWAL:	Annual CLASS	LICI	ENSED FOR 2	013 YEAR
LICENSEE NAME: M & DOING BUSINESS A TI ADDRESS 185 WEST BO	HE MILL	ΓY GROUP LL	C		TEAR
CITY/TOWN: WEST BO	OYLSTON	STATE: M	A ZIP CODE:	01583	
MANAGER: WHITE, N	MARK TYPE	OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:  PLEAS  DESCRIPTION OF LICE  SINGLE STORY WOOD  CIRCULAR BAR IN MA  EXIT/ENTRANCE KITC	EN STRUCTURI IN ROOMTWO	ES: E WITH FULL O EXIT/ENTR.	BASEMENT, KITC		2,
2. the licensee had 3. the premises an SIGNED BY:	s complied with a	Il laws of the Cousiness (If not e			
DATE:  We the undersigned, att Acts of 2004, signed by t		n possession (1)	(Note: <u>NOT</u> the certificate requ		Security Number) ter 304 of the
license and (2) the certif	icate of liquor lia	ability insuran	ce required by Chap	oter 116 of the	Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136400023		CITY OR TOWN WEST BO	OYLSTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: OLI'S ITALIA DOING BUSINESS A ADDRESS 339 BOYLSTON STREE			
CITY/TOWN: WEST BOYLSTON		ZIP CODE: 01583	
MANAGER: OLIVERI, JON M.			Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
PREMISES CONTAINS APPROX. 3 STREET IN WEST BOYLSTONA RESTROOMS AND DINING ROOM ENTRANCES/EXITS ALTHOUGH PREMISES, ONE ON THE SIDE AN ALONG WHICH IT IS ANTICIPAT	AREAS INCLUDE KITO M FOR APPROX. 60I ONLY 4 WILL BE USI ND TWO IN THE REAL	CHEN, STORAGE ROOM, OFF PREMISES CONTAINS 5 EDONE EXIT IN FRONT OF RTHE DINING AREA HAS V	ICE
I hereby certify and swear under pena	llties of perjury that:		
	with all laws of the Com	e same premises now licensed; amonwealth relating to taxes; and lain below)	
SIGNED BY: Individual, Par	rtner or Authorized Corp	oorate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liq	g inspector and the hea	d of the fire department for the	e above named
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 136400024		CITY OR TOW	N WEST BO	YLSTON
APPLICATION	FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	ME: FAUCHER AND MESS A WACHUSETT W				
ADDRESS 184	WEST BOYLSTON				
CITY/TOWN:	WEST BOYLSTON	STATE: MA	ZIP CODE:	01583	
	FAUCHER, TYP CHARLES R.	E OF LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:		-		
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
	OF LICENSED PREMIS				
	FLOOR RETAIL SPACE, EAR EXIT AND LOAD!!		OM, OFFICE, O	NE FRONT	
	icensee has complied with bremises are now open for bremises and Individual, Partner	ousiness (If not expl	ain below)	g to taxes; and	
	·	•			
DATE:	TELEPHONI	E NUMBER:		YER IDENTIFICAT	
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICE. By:	NSING AUTH	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 136400025		CITY OR TOWN	WEST BO	YLSTON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CENTRAL STREET N	MARKET, LLC			
DOING BUSINESS	A CENTRAL STREET	MARKET			
ADDRESS 76 CENT	TRAL STREET				
CITY/TOWN: WES	ST BOYLSTON	STATE: MA	ZIP CODE:	01583	
MANAGER: DEA JOHN		OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	:			
CURRENTLY SELL MEAT/DELI CASE EMPLOYEE ENTRA	T. OF RETAIL SELLIN S MEAT, DELI, PROD AND FOUR DAIRY DO ANCE AND A RECEIV COOLER AREAS NOT	UCE, DAIRY A OORS. THERE I ING ENTRANC	ND GROCERIES IN IS ONE CUSTOMER E. THERE IS ANOT	CLUDING : RENTRANC	20 FT OF CE, AN
I hereby certify and s	wear under penalties of	perjury that:			
	ed license will be of the		e same premises now	licensed;	
2. the license	ee has complied with all	laws of the Com	monwealth relating to	taxes; and	
3. the premis	ses are now open for bus	iness (If not exp	lain below)		
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	I NOMBER.		ER IDENTIFICATION NUMBER: ndividual Social Security Number)	
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	• >				
(If disapproved expla	un)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

	R: 136400026	CITTOR TO	WN WEST BO	YLSTON
APPLICATION FO	R RENEWAL: Ann	Annual LICENSED FOR 2013		
	CLA	CLASS		
LICENSEE NAME:	MIKE KORSAK'S PLACE LLC			
DOING BUSINESS	S A MIKE'S PLACE			
ADDRESS 27 STE	RLING STREET			
CITY/TOWN: WE	EST BOYLSTON STATE:	MA ZIP CODI	E: 01583	
	RSAK, TYPE OF LICEN	NSE:Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	;			
	PLEASE ALSO VISIT OUR WEBSITE AND ENTE	CR YOUR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISES:			
	NG WITH FRONT ENTRANCE ING PARKING LOT AND ONE B SQ.FT.			
I hereby certify and	swear under penalties of perjury th	at:		
1. the renev	ved license will be of the same type	e for the same premises	now licensed;	
2. the licens	see has complied with all laws of the	ne Commonwealth relat	ing to taxes; and	
3. the prem	ises are now open for business (If I	not explain below)		
SIGNED BY:				
	Individual, Partner or Authorize	ed Corporate Officer		
	Individual, Partner or Authorize	ed Corporate Officer		Ì
	Individual, Partner or Authorize	ed Corporate Officer		
DATE:	Individual, Partner or Authorize TELEPHONE NUMBER	: EMPL	OYER IDENTIFICA	
DATE:		: EMPL	OYER IDENTIFICA' T Individual Social S	
DATE:		: EMPL		
DATE:  Please Check Below:		: EMPL (Note: <u>NO</u>		Security Number)
Please Check Below: APPROVED:		: EMPL (Note: <u>NO</u>	T Individual Social S	Security Number)
Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NUMBER	: EMPL (Note: <u>NO</u>	T Individual Social S	Security Number)
Please Check Below: APPROVED:	TELEPHONE NUMBER	: EMPL (Note: <u>NO</u>	T Individual Social S	Security Number)
Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NUMBER	: EMPL (Note: <u>NO</u>	T Individual Social S	Security Number)